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CENTRAL FAX CENTERPTO IDENTIFIER: Application Number 09/781133-Conf #1688
Patent Number

OCT 06 2003

Inventor: Neil J. Hayward, et al.

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FROM: LAHIVE & COCKFIELD, LLP

Maria Laccotripe Zacharakis, Ph.D.

PHONE: (617) 227-7400

Attorney Dkt. #: PPI-064

PAGES (Including Cover Sheet): 21

CONTENTS:

Transmittal (1 page);
 Amendment Transmittal Letter (1 page) (in duplicate);
 Fee Transmittal (1 page);
 Notice of Appeal (1 page) (in duplicate);
 Amendment and Response to Final Office Action (10 pages);
 Request for Three Month Extension of Time Under 37 CFR 1.136(a) (1 page) (in duplicate);
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 Statement of Limited Recognition Under 37 C.F.R. 10.9(b) (1 page), and
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LAHIVE & COCKFIELD, LLP
 28 State Street, Boston, Massachusetts 02109
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/781133-Conf. #1688
		Filing Date	February 9, 2001
		First Named Inventor	Neil J. Hayward
		Art Unit	1654
		Examiner Name	Jeffrey E. Russell
Total Number of Pages in This Submission	1	Attorney Docket Number	PPI-064

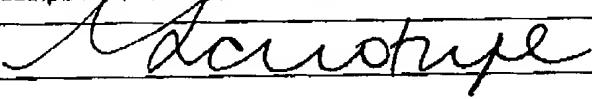
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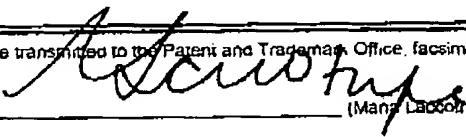
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<small>Certificate of Transmission under 37 CFR 1.8 (1 page); and Statement of Limited Recognition Under 37 C.F.R. 10.9(b) (1 page).</small>
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
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(Maria Laccottripe Zacharakis,

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FEET TRANSMITTAL for FY 2004		Complete if Known																																																																																																																																																	
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Deposit Account Number 12-0080 Deposit Account Name Lahive & Cockfield, LLP		<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code 18</td> <td>Fee Code (\$)</td> <td>Fee Code 18</td> <td>Fee Code (\$)</td> </tr> <tr> <td>1001 770</td> <td>2001 385</td> <td>1051 150</td> <td>2051 85</td> </tr> <tr> <td>1002 340</td> <td>2002 170</td> <td>1052 50</td> <td>2062 25</td> </tr> <tr> <td>1003 530</td> <td>2003 265</td> <td>1053 150</td> <td>1053 130</td> </tr> <tr> <td>1004 770</td> <td>2004 385</td> <td>1812 2,520</td> <td>1812 2,520</td> </tr> <tr> <td>1005 180</td> <td>2005 80</td> <td>1804 920*</td> <td>1804 920*</td> </tr> <tr> <td colspan="2" style="text-align: center;">SUBTOTAL (1) (\$ 0.00)</td> <td>1805 1,840*</td> <td>1805 1,840*</td> </tr> <tr> <td colspan="2"></td> <td>1251 110</td> <td>2251 55</td> </tr> <tr> <td colspan="2"></td> <td>1252 420</td> <td>2252 210</td> </tr> <tr> <td colspan="2"></td> <td>1253 950</td> <td>2253 475</td> </tr> <tr> <td colspan="2"></td> <td>1254 1,480</td> <td>2254 740</td> </tr> <tr> <td colspan="2"></td> <td>1265 2,010</td> <td>2255 1,005</td> </tr> <tr> <td colspan="2"></td> <td>1401 330</td> <td>2401 185</td> </tr> <tr> <td colspan="2"></td> <td>1402 330</td> <td>2402 185</td> </tr> <tr> <td colspan="2"></td> <td>1403 280</td> <td>2403 145</td> </tr> <tr> <td colspan="2"></td> <td>1451 1,510</td> <td>1451 1,510</td> </tr> <tr> <td colspan="2"></td> <td>1452 110</td> <td>2452 55</td> </tr> <tr> <td colspan="2"></td> <td>1453 1,330</td> <td>2453 665</td> </tr> <tr> <td colspan="2"></td> <td>1501 1,330</td> <td>2501 665</td> </tr> <tr> <td colspan="2"></td> <td>1502 480</td> <td>2502 240</td> </tr> <tr> <td colspan="2"></td> <td>1503 640</td> <td>2503 320</td> </tr> <tr> <td colspan="2"></td> <td>1460 130</td> <td>1460 130</td> </tr> <tr> <td colspan="2"></td> <td>1807 50</td> <td>1807 50</td> </tr> <tr> <td colspan="2"></td> <td>1808 180</td> <td>1808 180</td> </tr> <tr> <td colspan="2"></td> <td>8021 40</td> <td>8021 40</td> </tr> <tr> <td colspan="2"></td> <td>1809 770</td> <td>2809 385</td> </tr> <tr> <td colspan="2"></td> <td>1810 770</td> <td>2810 385</td> </tr> <tr> <td colspan="2"></td> <td>1801 770</td> <td>2801 385</td> </tr> <tr> <td colspan="2"></td> <td>1802 800</td> <td>1802 800</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;">SUBTOTAL (3) (\$ 640.00)</td> </tr> <tr> <td colspan="2" style="text-align: center;">** or number previously paid, if greater. For Reissues, see above</td> <td colspan="2" style="text-align: center;">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="4" style="text-align: center;">SUBMITTED BY</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Maria Laccotone Zacharakis, Ph.D</td> <td>Registration No. (and law firm/agent)</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> </tr> <tr> <td colspan="4" style="text-align: center;">(Complete if applicable)</td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code 18	Fee Code (\$)	Fee Code 18	Fee Code (\$)	1001 770	2001 385	1051 150	2051 85	1002 340	2002 170	1052 50	2062 25	1003 530	2003 265	1053 150	1053 130	1004 770	2004 385	1812 2,520	1812 2,520	1005 180	2005 80	1804 920*	1804 920*	SUBTOTAL (1) (\$ 0.00)		1805 1,840*	1805 1,840*			1251 110	2251 55			1252 420	2252 210			1253 950	2253 475			1254 1,480	2254 740			1265 2,010	2255 1,005			1401 330	2401 185			1402 330	2402 185			1403 280	2403 145			1451 1,510	1451 1,510			1452 110	2452 55			1453 1,330	2453 665			1501 1,330	2501 665			1502 480	2502 240			1503 640	2503 320			1460 130	1460 130			1807 50	1807 50			1808 180	1808 180			8021 40	8021 40			1809 770	2809 385			1810 770	2810 385			1801 770	2801 385			1802 800	1802 800			SUBTOTAL (3) (\$ 640.00)		** or number previously paid, if greater. For Reissues, see above		*Reduced by Basic Filing Fee Paid		SUBMITTED BY				Name (Print/Type)	Maria Laccotone Zacharakis, Ph.D		Registration No. (and law firm/agent)	Signature			Date	(Complete if applicable)			
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Amendment transmitted letter (1 page)